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Bib Data Sheet

CONFIRMATION NO. 1928

<b>SERIAL NUMBER</b> 10/713,472	<b>FILING OR 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> VAC102CON(2)	
<b>APPLICANTS</b> Charles A. Vacanti, Uxbridge, MA; Joseph P. Vacanti, Winchester, MA; Martin P. Vacanti, Westborough, MA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/658,912 09/11/2000 ABN which is a CON of 09/200,033 11/25/1998 PAT 6,171,610					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/13/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23579					
<b>TITLE</b> POPULATION OF UNDIFFERENTIATED NEURAL, ENDOCRINE OR NEUROENDOCRINE CELLS IN A HYDROGEL SUPPORT					
<b>FILING FEE RECEIVED</b> 592	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

10/13/08